Institute, the same are to be implemented by the Institute *w.e.f.* 1-3-92.

Inadequate welth services in Trans Yamuna Areas

1005. SHRI CHATURANAN MISHRA:
SHRI GURUDAS DAS GUPTA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news report about the inadequate public health infrastructure in the Trans-Yamuna area of Delhi which appeared in Indian Express of Feb. 14, 1992;

(b) if so, what is Government's reaction thereto; and

(c) the steps proposed to be taken to improve the position?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes, Sir.

(b) and (c) The medical facilities in Delhi including Trans-Yamuna area, are being provided by Central Government, Delhi Administration, Municipal Corporation of Delhi and Private hospitals etc. At present, Delhi Administration is running 750 bedded Guru Teg Bahadur Hospital and 29 dispensaries in the Trans-Yamuna area and O.P.D. services have also been started in the 100 bedded Hospital at Khidiripur. In addition to the above facilities provided by Delhi Administration, eight dispensaries are being run under the C.G.H.S, in the Trans-Yamuna area. The Municipal Corporation of Delhi also run three dispen-saries and two hospitals in this area.

The Delhi Administration is in the process of acquiring a suitable piece of land in Mundalike-Fazalpur Development area for setting up a 20C bedded Hospital. Indoor facilities are expected to be made available in the 100 bedded hospital at Khichrinpur during 1992-93. The Government also proposed to start a poly-clinic at Swasthya Vihar under C.G.H.S.

Blindness among children

1006. SHRI SURESH PACHOURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that millions of children lose their eye sight in the country due to malnutrition;

(b) if so, what are the details in this regard;

(c) what is the number of such blind children in the State of Madhya Pradesh as on 31st December, 1991; and

(d) what remedial action Government have taken or proposes to take to prevent blindness amongst the children dt?e to malnutrition?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M. L. FOTEDAR): (a) and (b) Exact information about the incidence of blindness among children due to malnutrition is not available. A country wide survey conducted by ICMR has shown ft at about 7 per cent of pre-school children exhibit clinical signs of Vitamin 'A' deficiency. The overall prevalence of conjunctival exerosis, Bitot's spots and Keratomalacia were 4.2, 2.9 and 0.1 per cent respectively. The results of surveys carried out more recently show that there is a declining trend in the prevalence of Vitamin 'A' deficiency (National Institute of Nutrition. 1978, 1980).

(c) There is no separate data available for the State of Madhya Pradesh.

(d) Government is implementing a Programme of Prophylaxis against Blindness due to Vitamin 'A' deficiency wherein children in the age-group of 1-5 years are given oral dose of 2 lakh I.U. of Vitamin 'A' in oil every six months.

Promotion of Family Plannnrg

1007. SHRI SURESH PACHOURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the absolute growth trend in population indicates that the country's population is

likely to touch one billion by the turn of the century;

(b) whether Government have formulated any comprehensive policy lor the promotion of family planning in the country;

(c) if so, what are the details thereof;

(d) whether Government are aware that only a paltry sum is given to the citizens who undergo sterilisation operations and only one additional increment *to* a Government servant as incentive which are not sufficient to lure them to opt for operations;

(e) if so, what are the details of various incentives given by Government to those who got themselves operated for their family planning: and

(f) whether Government propose to raise the incentives in a big way so as to control the population boom in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes, Sir.

(b) and (c) To impart a new dynamism to the Family Welfare Programme an Action Plan has already been evolved by the Ministry of Health and Family Welfare and is being operationalised. This has been endorsed by the Health and Family Welfare Ministers of States and Union Territories in January, 1992. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sect'ons of the society. Its key features include, (l) improving the quality and cutreach of family welfare services (2) differential strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 census), (3) developing a mechanism to make available funds *to* States/UTs on the basis of reduction of actual birth rate, (4) increasing! the coverage of vounger age couples through vigorous promotion of spacing methods, *(5)* introducing new contraceptives and improving the quality of contraceptives (6) strengthening family welfare schemes in urban areas especially in slum pockets, (7) revitalising training activities of medical para-medical personnel with emphasis on motivational and counselling aspects, (8) sustaining the good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care, (9) reorientation of information, education and communication efforts to focus on the quality of life issues and interpersonal conmmunication, (10) involving voluntary and non-governmental organisations in a big way to promote active community participation in the programme, (11) gearing up of the implementation machnery in the States/UTs and (12) evolving high level intersectoral coordination mechanisms at the national, State and district levels etc.

(d) and (e) At present, Government of India does not give any incentive to members of general public for undergoing sterilisation operation. However, a sum of Rs. 100/- is paid to all acceptors of sterilisation on account of loss of wages. Some States/UTs give monetary incentives and lottery tickets to acceptors of sterilisation. Some States give Green Cards to acceptors of sterilisation with two or less than two children entitling them to certain benefits, priorities and concessions. Central Government employees who accept terminal methods of family planning after three or less number of children, are entitled to o-!; special increment and 1/2 per cent rebate on interest rate on House Building Advance taken by them. Special Casual Leave for sterilisation is also allowed.

(f) There is no proposal at present to raise the incentive in a big way, so as to contain the population boom in the country.

Lower population growth in China

1008. SHRI CHIMANBHAI MEHTA:
SHRI SARADA MOHANTY:
SHRIMATI MIRA DAS:
SHRI RAM AWADHESH SINGH.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: